

Form 100-100
 (Previous Editions)

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM 100-100)**

10/0194821
 APPLICANT(S)

CLAIMS						
No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8				1		1
9				1		1
10				1		1
11				1		1
12				1		1
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TOTAL IND.	1		1		1	
TOTAL DEP.		1		1		1
TOTAL CLAIMS	1	1	1	1	1	1

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TOTAL CLAIMS						